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General Assembly

Twenty-sixth special session

Official Records

5th meeting
Tuesday, 26 June 2001, 3 p.m.
New York

President: Mr. Holkeri ..... (Finland)

The meeting was called to order at 3 p.m.

Agenda item 5 (*continued*)

Organization of the session

The President: I should like to draw the attention of members to a change in the chairmanship of round table 3 and hence in the membership of the General Committee. I have been informed that His Excellency Mr. Abdul Malik Kasi, Minister of Health of Pakistan, will chair that round table instead of His Excellency The Honourable Dato' Seri Suleiman Mohamad, Deputy Minister of Health of Malaysia; the membership of the General Committee of the twenty-sixth special session will be amended accordingly.

Agenda item 7 (*continued*)

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The President: The Assembly will now hear a statement by His Excellency Mr. Nagoum Yamassoum, Prime Minister of the Republic of Chad.

Mr. Yamassoum (Chad) (*spoke in French*): Let me begin by conveying the keen regret of President Deby that he was unable to come to New York. I join previous speakers in congratulating the Secretary-General, Mr. Kofi Annan, on having taken a worthy initiative in organizing this special session on HIV/AIDS. This high-level session follows upon the special summit of the Organization of African Unity (OAU), held at Abuja on 26 and 27 April 2001, and reaffirms the international community's collective awareness and its determination to meet the greatest challenge mankind has ever faced and to find a universal, comprehensive response commensurate with its magnitude.

My sincere thanks go to the many heads of State or Government and their delegations who have come here so that we can work together to attain the goals of this special session, which include inspiring world leaders and urging them to act, intensifying international action and, above all, mobilizing the resources needed to combat the HIV/AIDS epidemic. Those goals are ambitious to be sure, but they can be achieved.

The presence here of so many heads of State or Government attests not only to high-level awareness of the gravity of the problem but also, and above all, to an unambiguous determination to face that problem together and to tell our peoples that the struggle is no longer a matter for experts alone. Over the past few years, experience in the campaign has shown that prospects for success improve when advocacy at the highest level is centred on systems that fall under the direct authority of heads of State or Government. I am certain that, when we return to our countries, our active participation in this special session will lead top leaders to take control of those systems in order to inspire their principals to take action.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-178. Corrections will be issued after the end of the session in a consolidated corrigendum.

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Mr. Khudabux (Suriname), Vice-President, took the Chair.

My own country will significantly heighten the active struggle to which we have been committed since 1986, when the problem was discovered in our territory. The key milestones on the long path we have taken include: the 1988 establishment of a national programme to combat AIDS and of associated bodies such as the National Council to Combat AIDS and the Technical Commission against AIDS; the creation in 1989 of a consensus workshop against AIDS; the formulation of a medium-term plan for the struggle against AIDS for the period 1995 to 1999; the establishment of the concept of focal-point ministries; the establishment of our population project for the fight against AIDS; the 1997 restructuring of the national programme to combat AIDS; our 1998 commitment to a process of strategic planning; the establishment in 1999 of a network of parliamentarians for population and development, committed to the fight against HIV/AIDS, a member of which is part of our delegation; since more than three years ago, active involvement by a network of women, ministers and parliamentarians in the fight against AIDS, a member of which is also among our delegation; Chad's commitment since 2000 to making antiretroviral drugs accessible; this year's initiative by countries of the lake Chad basin to respond to population movements in the face of the infection, in which context my country, this month, joined the initiative by countries on the Congo, Ubangi and Chari rivers; our preparations for high-level participation in this special session; and a focus on the fight against AIDS in the context of the Heavily Indebted Poor Countries (HIPC) Debt Initiative. I am convinced that Chad will be confirmed in its strategy by the conclusions and recommendations adopted at this session.

As to the second goal, intensification of international action, we now know, 20 years on, that HIV knows no borders and that it easily benefits from the communication facilities of the twentieth and twenty-first centuries. Only concerted action can, if not put an end to it, at least stabilize it. It is therefore imperative to strengthen international action. A global problem demands a global response. That is the approach of the initiative by countries of the lake Chad basin; to be effective, that initiative needs the support of the international community, and such support is not entirely lacking. We count among our traditional partners UNAIDS — to whose Executive Director, Mr. Peter Piot, I convey my greetings — the World Bank, the International Labour Organization, CARE France and national and international non-governmental organizations; further, I hail the recent initiatives of bilateral partners such as the Republic of China on Taiwan. Other initiatives too are under way, and the international partnership has grown. But central tasks remain to be done.

This unique session must serve as a catalyst for broad, concrete action. Such action must in particular include such elements as providing facilities through which countries such as mine could gain affordable access to combination therapies and antiretroviral. Given the worldwide threat, the quest for profit must yield to solidarity. It is not moralistic to say that; it is simply to underscore the facts and the gravity of the problem.

That brings me to the third goal: resources, which lie at the core of the war we must fight against the pandemic. Indeed, the HIV epidemic is a thorny development problem which stymies and calls into question the very future of nations. The impact of AIDS is a cause of poverty, which in turn promotes the spread of the epidemic. That is a true vicious cycle that can be broken only by means of increased awareness and through a greater mobilization of resources.

Since the beginning of the epidemic, the world has made many efforts and spent vast sums in the fight against the scourge. But we must admit that, in the face of this public health, security and development problem, the road ahead is still a long one; we shall have to make further sacrifices and devote greater resources to prevention, access to drugs and research. For, as has been noted here, research and prevention are not mutually exclusive: they are in fact complementary.

The Secretary-General's recent proposal at the Abuja summit to set up a special global fund for AIDS and other infectious diseases would help us attain the goals of this special session, and my country, of course, endorses it wholeheartedly. This special session must mark the beginning of a real declaration of war on HIV/AIDS. I am certain that, by pooling our energy, our resources and our strength, we will win that war for our peoples and for our countries.

The Acting President: The Assembly will now hear a statement by His Excellency Mr. Peter Mafany

Mussongue, Prime Minister of the Republic of Cameroon.

Mr. Mussongue (Cameroon): I am very privileged to represent the head of State of the Republic of Cameroon, Mr. Paul Biya, at this special session of the United Nations devoted to the fight against HIV/AIDS. As the Assembly knows, the HIV/AIDS pandemic is today, by its magnitude, the greatest threat to mankind. It is one of the most formidable challenges to human intelligence, as it has defied a solution despite more than 20 years of brain-racking research. Given this situation, it has become imperative for the international community to be mobilized in order to make concrete commitments to check this disaster.

With 25 million out of the 37 million persons infected so far worldwide, Africa is the hardest-hit continent. Today, AIDS is no longer a mere public health problem. It has become a genuine development problem which not only thrives on poverty, but also exacerbates it, threatening to plunge the continent into misery and utter despair. Consequently, the time has come to act rapidly and effectively at the global, regional and national levels. Like many other African countries south of the Sahara, Cameroon, with close to 1 million persons infected, is also seriously affected by the AIDS pandemic. The seriousness of the situation led the Government of Cameroon to formulate and adopt a national strategic plan to fight HIV/AIDS. This plan involves all sectors of activity and is reinforced by a communication and social mobilization plan designed for different audiences. This programme, which I had the privilege to launch in September 2000 on behalf of the President of the Republic, Mr. Paul Biya, immediately became operational, testifying to the commitment of the highest authorities of the State to resolutely combat HIV/AIDS.

Our emergency plan, which is currently being implemented, comprises various activities, notably: information, social mobilization and prevention campaigns; voluntary screening; prevention of mother-to-child HIV transmission; support and management of patients; and various research activities aimed at reinforcing local and multisectoral responses in the urban and rural areas.

This programme has received, inter alia, the technical and financial support of the United Nations system through UNAIDS and a loan of $50 million from the International Development Agency under its multi-country AIDS Programme. Let me avail myself of this opportunity to thank, on behalf of the President of the Republic of Cameroon, the international community for this very appreciable support, which complements the resources we ourselves have allocated for the fight against HIV/AIDS in Cameroon. Moreover, resources resulting from debt relief within the framework of the Heavily Indebted Poor Countries Debt Initiative have been allocated as a matter of priority to this fight.

The Republic of Cameroon shares the concerns of other developing countries, in particular as regards the urgent need to increase the funding for and means of fighting HIV/AIDS, as well as enhancing access for the poor to health care and drugs. With regard to these two issues, Cameroon supports the Abuja Declaration, welcomes with hope the setting up of a global fund for the fight against HIV/AIDS and salutes here and now all the countries that have already announced their contributions to that fund. Furthermore, Cameroon advocates a significant drop in the prices of drugs, especially antiretroviral drugs.

In this regard, it is necessary, inter alia, to adopt a positive interpretation of the Trade Related Aspects of the Intellectual Property Rights (TRIPS) Agreement. In this way, Cameroon, Africa and the rest of the world will together rekindle the hope of facing the challenge of HIV/AIDS, a challenge which must absolutely be overcome if the world is to develop harmoniously.

The Acting President: The Assembly will now hear a statement by His Excellency The Right Honourable Justin Malewezi, Vice-President of the Republic of Malawi.

Mr. Malewezi (Malawi): HIV/AIDS is a worldwide problem, but the greatest threat it poses is to development in the southern African region. The pandemic is undermining our future and the future of our children. The HIV/AIDS epidemic is an emergency, requiring an emergency response by all world leaders.

In Malawi, we recognize that high-level political commitment is important in the fight against HIV/AIDS. Our experience demonstrates the importance of strong political leadership and how a broad-based national consensus can be used in a strategic planning process. Our President, Mr. Bakili Muluzi, has been instrumental in breaking the silence

on HIV/AIDS and in emphasizing a multisectoral approach to coordinate the national response.

We set about creating an approach that emphasizes social mobilization and consensus-building methods to create institutional involvement at the community level. This is contained in our strategic framework for HIV/AIDS, which provides a broad analysis of the existing strengths and opportunities for an intensified response to HIV/AIDS prevention and care. The framework also contains goals for each of the major components of the national response. It contains guiding principles and broad objectives for each component and detailed budget estimates, as well as guidance on how to implement the strategic framework. The programme in Malawi is inclusive and involves a genuine partnership between people living with HIV/AIDS, the Government, civil society, non-governmental organizations, the private sector and religious organizations.

The hope for Africa lies in the uninfected youth, who account for more than 50 percent of the population throughout Africa. The success of our national programmes will therefore depend on keeping youth HIV-negative. This is the greatest challenge facing leaders throughout the world, and this needs our collective energy.

Empowering young people with information about HIV/AIDS is helping to reduce transmission. Young people are the most effective voice in promoting responsible sexual behaviour among youth. This is why the Malawi Government is involving young people themselves in advocacy for change.

Expanding access to education will be a key strategy in keeping young people HIV-negative. Education equips and empowers young people to capture and internalize relevant knowledge, and to transform it into behavioural change. Girls' education is an absolute priority in this regard.

Addressing gender inequality is also a key strategy to reduce the rate of transmission of HIV/AIDS. Women are more vulnerable because of their low employment and security status, as well as their lower incomes. Therefore, empowering women economically and educationally is key to reducing the spread of the epidemic. In this equation, changing men's sexual behaviour is also a crucial component in the fight to prevent the spread of the epidemic.

We in Malawi have developed a comprehensive care programme that includes voluntary counselling and testing, psychological support, palliative care, home-based care, prevention and treatment of opportunistic and sexually transmitted infections and nutritional support. The final component of strengthening care is increasing access to antiretroviral drugs. These drugs lower the viral load and thus contribute to preventing transmission of the virus. People are more willing to undergo voluntary testing to disclose their HIV status if there is the possibility of getting treatment. Promoting access to antiretroviral drugs also has the potential to reduce the rate of mother-to- child transmission. Malawi has developed a comprehensive plan for the structured introduction of antiretroviral therapy. The programme will be implemented in a carefully phased manner over a five- to seven-year period.

African countries carry two major burdens, HIV/AIDS and external debt. This debt burden, of $227 billion, remains a pervasive obstacle to Africa's capacity to address other issues, and diverts scarce foreign exchange from the fight against poverty and HIV/AIDS. While the Highly Indebted Poor Countries Debt Initiative is welcome, it is inadequate to meet the urgent need to expand investment in basic social services and in HIV prevention and care. If the international community is serious about promoting human rights and addressing the global HIV/AIDS pandemic, debt cancellation is a moral imperative.

The HIV/AIDS pandemic is one of the greatest threats to our human family. More than 36 million people are currently infected with HIV. The pandemic has already claimed 22 million lives and created 13 million orphans. We can defeat this appalling epidemic; we know how to prevent transmission of the virus; and we have drugs that can prolong the lives of those infected with HIV and help them to live with dignity and hope. But we need $7 to $10 billion per annum to fully finance a global fund for HIV/AIDS, tuberculosis and malaria. This is less than the cost of one stealth bomber. We must make this global commitment, and we must do it now. Let us invest in human life, not human destruction. We need long-term, committed and sustained leadership to fight HIV/AIDS. Let us therefore aim to work towards a millennium free from the scourge of HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Grzegorz Opala, Minister of Health of Poland.

Mr. Opala (Poland): On behalf of the Polish delegation, I would like at the outset to express our satisfaction at seeing you, Sir, presiding over the General Assembly special session devoted to the issue of HIV and AIDS.

Allow me to extend a few words of respect and appreciation to the Secretary-General. As the Head of the Polish delegation, and at the same time as the Minister of Health, I would like to pay tribute to him and to the General Assembly for their commitment to fight the global scourge of HIV/AIDS, as expressed in the Secretary-General's address to the fifty-fourth session of the World Health Assembly and demonstrated by this special session.

We meet here at a very special time. The first report of five cases of Pneumocystis carinii pneumonia among previously healthy young men was published, as a small case series, 20 years ago, on 5 June 1981. We have since entered the new millennium, and the world is still facing the challenge of responding to the AIDS pandemic. The discrepancy between predictions and actual rates of increase in the prevalence of infection is significant.

Today we call the pandemic the global AIDS crisis. The HIV/AIDS epidemic is worsening, not only in Africa but also in parts of Asia and Latin America. At the same time, there has been an explosive growth in the disease in the region of Central and Eastern Europe. HIV infections will probably spread further in the region as a result of the existence of a large number of injecting drug users, increasing rates of sexually transmitted diseases, the growing commercial sex industry and side effects of socio-economic transition.

Despite these trends, even countries with modest resources, like Poland, have demonstrated that the epidemic can be stabilized or reversed. In Poland, as in all of these countries, successful programmes have included strong, high-level political leadership for HIV prevention, a national programme, adequate funding with allocation of resources and strong community involvement. The increase in HIV infection and AIDS deaths has also led to increased aid from Governments and international and national organizations and foundations.

In that context, I would like to add that there are an estimated 15,000 people living with HIV and AIDS in our country. Since the beginning of the epidemic, in 1985, up to the present, 7,000 HIV cases have been detected in Poland, and 1,300 people have been treated with antiretroviral therapy. Nine hundred and ninety-two AIDS cases have been diagnosed, and 525 deaths due to AIDS have been registered for the period.

As the world is shrinking owing to transportation, communications, trade and commercial activity, gaining insight into emerging infections with epidemic potential, such as HIV/AIDS, becomes increasingly important, and not only to public health practitioners.

Given the situation we are faced with, the contribution of international, governmental and non-governmental organizations to international cooperation in the context of HIV- and AIDS-related human rights is a key element of addressing the AIDS pandemic. This can be done by, inter alia, working on advancing HIV and AIDS prevention and care programs, facilitating access to HIV and AIDS treatment and care and sharing knowledge, experiences and achievements concerning HIV- and AIDS-related issues.

The epidemic is a global problem, and addressing the disease and its consequences for particularly vulnerable groups and societies worldwide requires an international response. Cooperation at both the global and regional level is essential to effectively integrate and harmonize different strategies. This will also help strengthen efforts to fight HIV/AIDS and defray treatment costs. Only effective global partnerships can prevail over a global disease.

The Acting President: I give the floor to His Excellency Mr. Achmad Suyudi, Minister of Health and Social Welfare of Indonesia.

Mr. Suyudi (Indonesia): It is with a deep sense of urgency and commitment to finding a lasting solution to the HIV/AIDS epidemic that the Indonesian delegation is participating in this important special session of the General Assembly. May I also take this opportunity to extend to all present the warmest greetings of President Abdurrahman Wahid and Vice-President Megawati Soekarnoputri. They wish the Assembly every success in this critical undertaking.

In Indonesia, it is estimated that, as of mid-year 2001, approximately 80,000 to 120,000 people will

have become infected with the HIV/AIDS disease. The disease is more prevalent in certain sub-population groups, where the rate ranges from 0 to 26 per cent. My country is increasingly concerned that conditions favouring an increase in HIV infection in Indonesia are soaring. These conditions include poverty, high-risk sexual behaviour, the prevalence of sexually transmitted infections, intravenous drug abuse and the increased mobility of the population, leading to increased transmission.

In meeting this challenge of redressing the epidemic, let me underline some of Indonesia's activities resulting from our commitment to prevent and control HIV/AIDS. Nationwide, our focus is on early intervention. This is being done through the promotion of abstinence and fidelity, without neglecting the promotion of safe sex among people with high-risk sexual behaviour. Likewise, relevant laws with respect to drug abuse are being implemented, and risk reduction activities are being initiated based on the socio-religious and cultural background of the Indonesian people.

This is not an easy task. The country's widely dispersed geographical composition, large population and diverse cultural backgrounds present a number of obstacles, posing particularly significant barriers to communication and in access.

Another serious obstacle facing Indonesia is the ongoing efforts to cope with the consequences of the economic crisis that has devastated our country. That situation has forced Indonesia to prioritize the allocation of its limited resources, making it extremely difficult to increase the coverage and comprehensiveness of the National AIDS Programme. Providing adequate HIV test kits and affordable antiretroviral drugs is but one of the difficulties. However, despite the difficulties that this reality presents, we remain fully committed to doing our utmost, and our activities will be focused on prevention as the mainstay, together with the provision of comprehensive care and support.

Let there be no mistake about it: Indonesia shares the international community's belief that the global HIV/AIDS epidemic constitutes one of the most formidable challenges to human development and dignity today. We are also strongly committed to participating in and helping to bridge the very wide gap between the established rich countries and the poor developing countries in their fight against HIV/AIDS, particularly in the African countries. As to an effective response to the HIV/AIDS epidemic, it will require concrete political commitment, genuine cooperation and concerted action by all, at all levels and across all sectors. This will obviously require strong leadership and the provision of additional, substantial and sustained resources.

In addition, I would like to reaffirm Indonesia's previous commitment made on HIV/AIDS through various declarations, at the international and regional levels and specifically through the Association of South-East Asian Nations (ASEAN). In this regard, the ASEAN Inter-Country Consultation Workshop, in Kuala Lumpur, Malaysia, and Bali, Indonesia, in preparation for the seventh ASEAN Summit special session on HIV/AIDS, has agreed to give top priority to the issue that a regional approach could bring added value.

On the question of HIV-related drugs, let me just say that international assistance in addressing factors affecting the provision of these drugs, including technical and system capacity-building, pricing and the examination of alternatives for increasing access to the drugs and their affordability, is of critical importance, especially to developing countries with minimum national resources. The draft declaration itself states that the HIV/AIDS challenge cannot be fully met without new and additional resources and international assistance. We therefore urge the developed countries to generously contribute to combating the HIV/AIDS epidemic and to the search for ways to establish global equity, bearing in mind that the existing inequity has only served to further accentuate the epidemic.

Before concluding, let me commend the United Nations and its related agencies for their financial and technical support, especially during Indonesia's ongoing crisis. I would also like to recognize the many supportive friendly Governments, international organizations and donor agencies that have facilitated the implementation of Indonesia's National AIDS programme.

In conclusion, may I add that we look forward to the commitment, support and action of the global leadership to address the increasingly frightening global HIV/AIDS crisis and to seek viable ways and means of preventing and controlling the HIV/AIDS

epidemic, while taking into account the myriad limitations that confront all of our countries.

The Acting President: I give the floor to His Excellency Mr. Antonio Marqués de Lima, Minister of Health and Sports of Sao Tome and Principe.

Mr. Marqués de Lima (Sao Tome and Principe) (*spoke in French*): Allow me to convey the greetings of the head of State and the Prime Minister of Sao Tome and Principe to the heads of State and Government here and to all the participants in this special session of the General Assembly on HIV/AIDS.

Allow me also to congratulate the President on his election to guide the work of this Assembly. I also wish to thank the Secretary-General and congratulate him on the extremely important initiative of organizing this special session to debate one of today's most serious health problems and on his appeal for the creation of the global fund to combat AIDS and other infectious diseases, such as malaria and tuberculosis.

Some 20 years ago, when mention was first made of HIV/AIDS infection, probably most of us were far from imagining the threat that this epidemic could represent to development, and even to the survival of the population of vast regions of the globe. In fact, with 34 million individuals stricken by HIV/AIDS and 21.8 million deaths caused by this illness throughout the world, AIDS today is the illness that is certainly of greatest concern to all humankind. These figures, however, conceal a harsh and bitter reality: of the 34 million persons affected by HIV/AIDS, 95 per cent are in developing countries, and Africa alone accounts for a total of 24 million infected persons and a total number of deaths from AIDS estimated at 14 million.

Today HIV/AIDS is the major cause of death in Africa. Our continent is the one that has been most affected, and it is Africa that bears the greatest part of the burden this scourge represents, be it in the number of dead, in economic terms or in social terms. Per capita income has been declining by 0.7 per cent annually, while in some countries health expenditures have quadrupled. This is compounded by the existence of 12.5 million orphans, abandoned because their families are no longer able to care for them.

In April I had the opportunity to participate in the Abuja Summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases. During that outstanding initiative, which was promoted by the President of the Federal Republic of Nigeria, our heads of State and Government spoke of their concerns regarding these illnesses and what they represent for the health of populations and for the development of the continent. They took the decision to make the efforts required to cope with this nightmare.

I left Abuja fully convinced that that Summit had been a turning point in our way of responding and that now we would be more determined than ever to take action to curb the spread of these illnesses, in particular of HIV/AIDS infection, in the African continent. But, while our will to act is huge, the resources available to do so are extremely meagre. Poverty, which is affecting the great majority of our peoples, is the most reliable ally of illnesses and of death in general, and of the spread of HIV/AIDS infection in particular. It is no secret to anyone now that in populations that have a per capita income of less than $1 per day, individuals are five times as likely to die before the age of five and two and a half times as likely to die between the ages of 15 and 59 than are individuals with higher incomes.

That harsh reality must spur the poor countries, particularly in Africa, to pay special attention to the battle against HIV/AIDS in their programmes to combat poverty by integrating programmes to combat AIDS into their plans for development. This is a challenge that we cannot shirk if we are not to endanger for ever the future of young generations.

In this struggle against HIV/AIDS infection, we cannot and must not remain alone. The solidarity of the international community, and in particular that of the most developed countries, is necessary and urgently needed. That solidarity is essential so that the populations of poor countries that are not able to slow the galloping spread of the epidemic can have access to means to take effective control of the epidemic, including through access to antiretroviral medications. In that struggle, I am sure that the pharmaceutical industry will not fail to stand by us. Here I would like to emphasize the solidarity shown by the Pfizer Corporation, which, on 6 June 2001, announced that it would be providing to the 50 poorest countries, at no charge and for an unrestricted period of time, medications to deal with two opportunistic infections. We hope that this example will spread by contagion to other pharmaceutical firms, and we also hope that it will lead to the inclusion of antiretroviral medicines, in particular those aimed at reducing vertical transmission from mother to child. Through their solidarity, they

will be making their contribution to the defence of one of the fundamental rights of human beings — the right to life.

The Acting President: I give the floor to Her Excellency Ms. María Urbaneja, Minister of Health and Social Development of Venezuela.

Ms. Urbaneja (Venezuela) (*spoke in Spanish*): We are taking part in this session to restate the collective aspiration of both male and female Venezuelans to make effective the inalienable right to health and well-being and the right to be respected as equal human beings with equal opportunities without any discrimination or exclusion. In this respect, we endorse the commitment to defend and preserve human life, which is being threatened by the terrible HIV/AIDS epidemic in our world.

Since the number of lives that so far have been taken by the epidemic is equal to the population of Venezuela, and since the number of people living with HIV/AIDS is greater than the Venezuelan population, we think that the only logical response by the United Nations was, in fact, the holding of this special session of the General Assembly in order to adopt a global commitment to face the epidemic.

We feel that we are here to endorse our solidarity through specific, realistic actions that tear aside the veil that covers matters that underlie the HIV/AIDS epidemic. AIDS has extended a perverse circle with dimensions so complex that we have been moved to hold special gatherings of this kind so that we can all think together, exchange ideas and adopt more creative, coordinated and decisive actions to face it not as a problem of some people but a problem of community of nations. In other words, the time has come to break the silence. This is the only way that we can contain this sickness, guarantee the dignity of infected and affected persons and improve those people's quality of life.

Venezuela has tackled HIV/AIDS from a human rights point of view, which means guaranteeing the right to health as a social right. Thus, the Venezuelan State has given priority to preventive, educational and information activities, as well as to guaranteeing comprehensive care free of charge for people living with HIV/AIDS, on a basis of universality, integrity, equality, social integration and solidarity, as established in article 84 of the Constitution of the Bolivarian Republic of Venezuela.

We are sorry that the draft declaration of commitment does not recognize this sort of approach, as it has been very successful in the case of Venezuela and other countries in the Latin American region. Venezuela's investment in combating AIDS has increased tremendously in the last four years, going from 200 million bolívares — about $300,000 — in 1998 to 32 billion bolívares — roughly $45 million — this year. Its aim has been to deal with HIV/AIDS in an integrated way, with an emphasis on prevention, improving the quality of life of patients and the care they receive, improving diagnoses, guaranteeing access to medication, drafting standardized protocols for care and improving the response capacity of our medical network.

However, economic factors, among others, threaten the sustainability of this approach. The present cost of drugs continues to endanger our capacity to provide comprehensive care. Here we must recognize that some progress has been made on the basis of bilateral negotiations with some pharmaceutical laboratories in order to guarantee universal access to drugs.

At present, the Ministry of Health and Social Development is evaluating the possibility of promoting local production of generic drugs so that the State can continue to fulfil its constitutional duty of guaranteeing the health of the population.

For Venezuela it has been of great importance to apply coherent policies and strategies in the comprehensive approach to every aspect of this epidemic. On this basis, prevention, reduction of vulnerability among high-risk groups, treatment, care, the support of people living with HIV/AIDS and respect for human rights all receive equal attention. We think that the draft declaration of commitment clearly addresses this consideration. That is one of the most significant achievements of this special session because it represents this integrated vision and opens up previously closed doors to the hopes of millions.

As regards prevention, both the Ministry of Education, Culture and Sport and the Ministry of Health and Social Development have made efforts in formally educating adolescents in sex and reproduction issues. This year we have developed a project involving 50 schools for an integrated campaign to train 10,000 educators, 50,000 parents and representatives, and 6,000 young people in 500

schools, in HIV/AIDS education, information and prevention. Civil society, particularly non-governmental organizations, has contributed to this work by promoting information and educational projects as well as family and consultant support programmes.

HIV/AIDS has had a disproportionate impact on women, and since the epidemic could become feminized, we must strengthen gender strategies in our HIV/AIDS prevention and control programmes. Women must have control over decisions related to sexuality, and they must be empowered to exercise their rights in sexual and reproductive life. This should enable women to protect themselves from the epidemic, while also improving our ability to prevent infection from being transmitted vertically from mother to child. The danger to children is not only that they might be orphaned, but also that they might be infected through vertical transmission.

The populations most affected, as in other countries, include groups such as men who have sex with men, people using intravenous drugs and sex workers, both male and female, particularly those who are living in poverty. It is therefore necessary to develop the programmes of awareness, education and prevention for these groups on the basis of a comprehensive approach that is sensitive to the specific features of the particular people involved.

All these efforts to deal with HIV/AIDS in Venezuela are complemented by recognition of the legal protection of persons living with HIV/AIDS. This protection has been recognized by the courts in the areas of work, family, education, health and medical attention, access to treatment, freedom, personal safety and privacy. This legal protection has been a crucial part of the general response to the epidemic, along with the contribution of non-governmental organizations and those living with AIDS. In struggling against the epidemic our Government has an ally in organized civil society, which is producing creative and direct initiatives. This alliance was demonstrated by Venezuela's participation during the negotiations on the draft declaration to come out of this special session and by the inclusion in our official delegation of representatives of non-governmental organizations, one of whom is HIV-positive.

Support for the global fund for HIV/AIDS and health is another significant achievement contained in the draft declaration we will adopt at the end of these three days. We would like to express our recognition for the efforts made by Secretary-General Kofi Annan to establish resources for the fund, as well as for his personal commitment to fight HIV/AIDS and other diseases that deepen social inequality in the world. We feel that it is necessary to establish clear criteria for the distribution of the resources and administration of the fund. We are confident that the Secretary-General will ensure that the global fund will be of benefit to low- and medium-income countries through specific projects.

I cannot conclude without recognizing the work done by the Permanent Missions in New York. We all knew from the beginning that these would be very complex negotiations, and they displayed great professionalism. Now it is up to those of us who work in this area to continue to put into practice actions designed to meet the goals laid down in the declaration of commitment.

In conclusion, it is obvious that HIV/AIDS has social, economic, political, ethical, moral and cultural implications. We must recognize and face any kind of obstacle that comes up in our struggle against the epidemic. This requires the participation of all of us, male and female, because we are all silently exposed to this disease.

The Acting President: I give the floor to Her Excellency, Mrs. Henriette Ratsimbazafimahefa Rahantalalao, Minister of Health of Madagascar.

Mrs. Rahantalalao (Madagascar) (*spoke in French*): Once again we are meeting to tackle the critical problem of AIDS, which is affecting the world in general and the sub-Saharan region in particular, where more than 80 per cent of the persons living with HIV are found. The average rate of occurrence is 8 per cent for Africa, of which 55 per cent are women.

The figures speak for themselves and show that this epidemic disease is seriously threatening not only the health of all of humankind, but also humankind's development in the broadest sense of that word.

Thus, on behalf of our country, which today is celebrating the forty-first anniversary of its independence, and on behalf of Mr. Didier Ratsiraka, President of the Republic of Madagascar, whom we are representing here, we would like at the outset to voice

our sincere gratitude to the United Nations and in particular to the Secretary-General, Mr. Kofi Annan.

Many efforts have been made so far within our Organization to find at the highest levels the ways and means to reduce to a minimum the impact of this disease in our countries. Many meetings and summits have taken place and resolutions have been adopted with firm commitments that are always accompanied by clearly voiced good intentions. What must be done has in fact been done, and it has been done well.

However, we are all aware that AIDS is continuing steadily on its march, and has been spreading exponentially in our countries. To be sure, some countries, such as ours, still have a low prevalence rate, but at a time when globalization and the globalization of our system have become inevitable, should we still rely on these indicators?

We are on an island, and insularity can to a certain extent be considered a protective element. Despite a relatively low rate of prevalence, we have been fighting AIDS since 1988. Currently we have an average rate of prevalence of 0.16 per cent, while five years ago we were at 0.07 per cent. That is an increase of more than 100 per cent.

Thus, the problem concerns us, too, and it is the object of a high-level commitment in our country. The President of the Republic attaches great importance to intensifying our national response. At present, the Government has taken charge of the organization of the fight against AIDS, and its coordination is now a high priority. Our challenge will be to keep the rate of prevalence at less than 1 per cent among the general population.

We are firmly convinced that such an undertaking is not only a State matter. Partnership and international cooperation here find their true meaning here, in order to reduce to a minimum the impact of this illness in our respective countries. Now more than ever before, nations have committed themselves to cooperating and to working together to overcome this common enemy: AIDS.

In that regard, we would like to draw the Assembly's attention to the fact that the agreements signed to provide loans to certain third-world countries are indeed noble and even legitimate gestures to protect countries from this scourge. However, should we indebt only some countries to combat a scourge that is now global, as the entire planet is threatened, without distinction between the rich and the poor? Might it not be possible to conceive of exceptional measures, with international solidarity prevailing?

Thus we recommend that the alleviation of the external debt be even more substantial in order to make it possible to release additional resources for programmes to fight AIDS, an essential element of the struggle against poverty. The same holds true for antiretroviral drugs and tests to detect HIV infection, which must be the subject of a joint negotiation in which we must all participate without exception.

We agree with the Secretary-General's proposal to create a global fund, and Madagascar is favourably inclined to make its financial contribution, the sum of which would certainly not exceed its contribution to the World Health Organization, a United Nations specialized agency for health care.

We warmly welcome and hail the initiatives of our South African friends, who have recently won the war of generic pharmaceuticals. Faithful to their history, they persevered and were able to enjoy the fruits of victory.

We have great hopes for this session and hope for full success at the culmination of our work. We hope that the various resolutions and recommendations here will effectively contribute to our struggle and that they will be followed by concrete actions.

The Acting President: I give the floor to His Excellency Mr. Lyonpo Sangay Ngedup, Minister of Health and Education of Bhutan.

Mr. Ngedup (Bhutan): Allow me to begin by commending the efforts of the Secretary-General, Mr. Kofi Annan, in placing HIV/AIDS on the international agenda. I wish to join other speakers in thanking him for bringing the battle against this devastating pandemic to the forefront of world attention.

It may have taken us 20 years since AIDS was first recognized to realize the gravity of the situation, but I believe that we have now opened our eyes to the fact that humanity is under siege by this scourge. Not only have millions already died from the disease, but millions are infected with this incurable affliction and millions continue to be endangered by it. It has defied man's scientific capacity and has forced us to examine our fundamental values of life.

Even as we discuss HIV/AIDS as a global priority, we are confronted with many questions. How can we overcome different mindsets that trap us in the past? Are we willing to transcend professional competition to share medical innovations? Are we ready to back our words with political commitment? Can we raise adequate resources? In other words, can we be more humane?

While we know that there is much to be learned about HIV/AIDS, there is also much we know already. We know that we need to have the courage to support the helpless, to protect the young and the innocent, to counsel those already infected and to comfort those who lose their loved ones.

Today HIV/AIDS has reached the farthest corners of the earth. Even we in the Himalayas cannot escape it. While the number of lives lost and of those infected with the virus in my country Bhutan is relatively small, we are acutely concerned about its implications for our small population, located as we are in a region where the epidemic is spreading at an alarming rate.

Bhutan's National STD/AIDS Control Programme, started in 1988, adopted a multisectoral initiative involving all sections of our society. The programme is integrated into our decentralized national health system. Education on and awareness of HIV/AIDS have been taken to the rural community. Information on HIV/AIDS has been added to our educational curriculum, and our Health Ministry's information and educational activities maintain a sustained momentum in the awareness campaign.

We have made the strongest political commitment to taking up this challenge. Under the guidance of His Majesty King Jigme Singye Wangchuck, the Government of Bhutan has accorded top priority to HIV/AIDS awareness and prevention activities. Her Majesty Queen Ashi Sangay Choden Wangchuck, our United Nations Population Fund Goodwill Ambassador, has been instrumental in creating greater awareness of HIV/AIDS and reproductive health among all Bhutanese people, especially women and children.

With more than 25 per cent of the Government's total budget allocated to the social sector, health and education are provided free in Bhutan. The Government tries to fulfil every citizen's right to good health and a complete education, leaving no community or section of society unreached.

Bhutan fully supports the creation of a global AIDS and health fund. We would like to emphasize that this fund should be realized through an approach focused on integrated primary health care, with equal emphasis on both prevention and treatment of the disease. In this connection, I would like to urge the international community to draw inspiration from the success being achieved by the Global Alliance for Vaccines and Immunization (GAVI), whose no-nonsense approach, has reignited the hope of life, and quality of life, for millions of children the world over.

We believe that only through the combined strength of all nations can we effectively fight this global emergency. International cooperation and funding is vital to our success. As the future of our succeeding generations is at stake, I call upon all nations to show their strongest political commitment to fighting this scourge of humankind.

The Acting President: I now give the floor to His Excellency Mr. Saleh Meky, Minister of Health of Eritrea.

Mr. Meky (Eritrea): It is gratifying to see the United Nations, through the able leadership of its Secretary-General, make combating HIV/AIDS a focus of attention for the world community. The mechanism it has put in place and the process it has established seem to have succeeded in involving all concerned parties in a joint effort. Allow me, then, to express my sincere admiration and gratitude, on behalf of my country, for the commitment and fortitude the leadership at the United Nations has shown in facing the HIV/AIDS challenge.

It is in this spirit that Eritrea lends its support to this historic event and commits itself to doing its part to make this endeavour successful. In this connection, my country associates itself with the Abuja Declaration of last April, which laid out the African position on the subject under discussion.

As has been noted by several speakers before me, the global HIV/AIDS situation requires all of us to make every effort possible to combat and control the most pressing health issue ever encountered by humanity worldwide. If we succeed in controlling HIV/AIDS and succeed we must — we will have met the monumental challenge that faces our health service organizations. More importantly, we will have had a great impact on efforts for the well-being of all our peoples.

I do not wish to repeat the facts narrated in the impressive report of the Secretary-General, which we have before us. But it is my conscious intention to underline the fact that most of the 15,000 new HIV/AIDS cases occurring daily around the world occur in developing countries. These statistical revelations overwhelm comprehension and make us all feel helpless.

On the other hand, there are many encouraging developments that give us hope and guidance for our efforts and point to significant success in meeting the challenges we face. Some African countries have demonstrated that adopting an open policy in combination with effective community involvement in prevention has effectively controlled the spread of the disease. Other countries have checked exposure, holding it to an impressive rate of less than 2 per cent for the last five years.

This makes even clearer the realization that concerted joint efforts would result in the successful mitigation of these tragic events, and offers real hope for all of us at risk.

In Eritrea, the current national rate of infection is estimated at approximately 3 per cent. As we all know however, statistics can be misleading, especially when dealing with HIV/AIDS. Indeed, the biology of the HIV virus, with its numerous strains, rapid rates of mutation and replication, its habit of attacking and exploiting the very cells designed to fend off infection, and its association with socially questionable but habitually common sexual behaviour, makes the rapid spread of the disease inevitable. In such a situation, it would be unwise to reassure oneself with reports of low rates of infection.

It is because of this realization of the danger of this disease and all its economic consequences that the Government of Eritrea has, through the Ministry of Health, taken a leadership role and made a strong commitment in addressing this challenge, employing all the resources at its disposal. In the past five years, it put into operation an effective national policy on AIDS, established multisectoral selective and technical committees and requested its partners in development to assist it in all the multiple approaches to controlling this real danger to the people.

The response of the public, Governments and multilateral institutions has been very encouraging. Particularly so was the enthusiastic involvement in this project on the part of the World Bank and our other development partners, such as China, Denmark, Italy and the United States, so far. The World Health Organization, the United Nations Children's Fund and other United Nations agencies have also teamed up in this effort.

In undertaking this task, we made several important assumptions to guide our actions, in an attempt to focus our efforts on those areas proved to be effective. First, HIV/AIDS is an epidemic that has proved to be a menace to public health everywhere. No community has escaped from its effects entirely. Secondly, no magic bullet exists, or is likely to exist for some time to come. Therefore, multiple approaches are necessary. Thirdly, there are no evident examples of nations where the spread of HIV/AIDS has been diminished or brought under control, except where behavioural changes played a key role. Unlike other remedies, behavioural changes are within the reach of all communities. They are not esoteric, require no sophisticated scientific facilities and are relatively cheap compared to any other remedy. Fourthly, community involvement in leadership is fundamental to the success of the project. Finally, there is a role for government in facilitating treatment for a longer life of greater quality for those already infected.

With these assumptions in mind, we decided to map out our actions using what we know will work. Experience, rather than wishful thinking, guided our principles. Towards that end, we are basing our HIV/AIDS programme on the following strategies: a multisectoral approach, multiple approaches with special emphasis on behavioural changes, community leadership and the strengthening of existing health services.

In conclusion, as one perceptive commentator succinctly put it, "The history of public health efforts in AIDS prevention will undoubtedly show the folly of ignoring what we know in favour of what we might prefer".

We will continue to benefit from our collective wisdom at this special session as we map out the most effective way to control this killer: HIV/AIDS. It must be the goal of the international community to follow up the Assembly's express declarations and decisions with unified action. The danger is real; the task is immense. But no less so is our determination to succeed in this

effort, for the future of our communities and of society as we know it is at risk.

The Acting President: I call next on His Excellency Mr. Umaid Medhat Mubarak, Minister of Health of Iraq.

Mr. Mubarak (Iraq) (*spoke in Arabic*): It is my pleasure to convey greetings to the President of the General Assembly on behalf of the delegation of the Republic of Iraq, along with my wishes for the complete success of the work of this session.

The fact that AIDS is spreading primarily in countries with limited resources, especially in Africa, proves that the rampant growth of the disease is a consequence of a deteriorating economic situation. It shows also that the level of technical and financial support from the United Nations and the international community in the fight against AIDS is not commensurate with the challenge and does not permit full and effective implementation of programmes to control the disease, especially in Africa. It is therefore necessary to establish care centres for AIDS patients and to provide them with drugs and services, and to secure support for such efforts from other sectors.

There have been advances in treating and preventing HIV/AIDS, and we have seen the importance of using drugs to limit mother-to-child transmission during pregnancy and birth. Because the cost of such drugs is exorbitant, the international community, particularly the rich countries of the North, must provide the necessary means, and must supply drugs at affordable prices, especially for countries with limited resources. It is not logical that the disease should remain in Africa while the cure remains in the West — and under its control.

It is crucial to support national AIDS prevention programmes; to increase training opportunities and internships for those planning and implementing such programmes; to increase technological support for treatment and immunity evaluation for AIDS patients and for laboratory diagnosis of AIDS; and to provide materials for cultural awareness and education. All young people throughout the world must be provided with spiritual and ethical immunization, and those who implement these programmes can keep pace with technological innovations, especially in the countries of the South, which suffer as a result of unjust and inequitable economic conditions, and especially as a result of economic and scientific embargoes. In the field of monitoring and evaluation, early detection and laboratory analysis of HIV is imperative.

Despite the unjust blockade that has been imposed on my country, Iraq, for 11 years, Iraq is among the countries with low incidence of HIV/AIDS, thanks to the social awareness campaigns and health care that the Government of Iraq provides for its people. The problem today lies in the lack of diagnostic equipment and material, and in an inability to keep pace with scientific innovation because of the obstacles that, in the Committee established by Security Council resolution 661 (1990), the United States and the United Kingdom place in the way of the import of such materials to Iraq. That has prevented early laboratory and clinical diagnosis. For example, we are unable to obtain many kinds of essential equipment for evaluating the immune status of patients and for measuring viral loads.

Yet, despite all of that, Iraq has an ongoing national plan to follow up the implementation of its programmes, which are updated in line with the international, regional and local epidemiological environment. The national plan concentrates on awareness and education among the whole population and in its at-risk sectors. Equipment must be sterilized and donated blood tested before transfusion to ensure safety. AIDS patients and HIV carriers receive the care they need in treatment centres throughout the country, along with financial support and some free drugs, in spite of the difficulties resulting from the shortage of such drugs and of medical supplies.

The international community, represented in the United Nations, is closing ranks today to face HIV/AIDS, which poses a threat to the future of mankind. By the same token, the criminal blockade against Iraq, the daily bombing by United States and United Kingdom war planes in the illegal no-fly zones and the use of depleted uranium are no less devastating than AIDS. Those crimes have taken a toll of more than 1.5 million of our citizens, most of them women and children, for no reason other than one country's determination to perpetrate inhuman acts against the people of Iraq in order to serve its own interests and attain its evil goals. I call upon the international community to take effective measures to put an end to the use of coercive economic measures as a means of exerting pressure on the people of my country and depriving them of their right to obtain food, medicine and health care equipment.

I reiterate that the toll taken by the blockade against Iraq is no less serious than that taken by AIDS in Africa. The blockade and AIDS are two sides of the same coin.

We hope that at this session the Assembly will take effective decisions to address the AIDS epidemic. Those decisions should be backed by tangible action and generous contributions to confront this grave epidemic. The final document should set out a balanced programme of prevention and medical care to put an end to this threat against all mankind, in such a way as not to interfere with the religious and socio-cultural values of peoples.

The Acting President: I call next on His Excellency Mr. Chan Soo Sen, Senior Parliamentary Secretary in the Prime Minister's office and the Ministry of Health of Singapore.

Mr. Chan (Singapore): I am honoured to speak on behalf of the Government of Singapore at this important gathering. The HIV/AIDS pandemic is a serious global problem, and it poses one of the greatest challenges to mankind. It has infected an estimated 36 million persons and has caused more than 20 million deaths worldwide. Singapore empathizes with the many nations that are experiencing the severe consequences that the pandemic has brought.

Singapore sees this special session on HIV/AIDS as an opportunity to gain further insight into the prevention and control strategies of other Member States. We are also happy to share our very limited experience in confronting the HIV/AIDS problem in our country.

The first case of HIV/AIDS was reported in Singapore in 1985. Since then, more than 1,300 Singaporeans have been infected with HIV/AIDS. There have been about 500 deaths, out of a population of about 3 million. Singapore has made prevention of the disease a key priority. We have adopted a comprehensive multisectoral national AIDS control programme. HIV/AIDS education is provided for all sectors of the population through the mass media, while more structured programmes are available for students and young people, national servicemen who serve in the armed forces, and others who are vulnerable to the infection. Individuals who perceive themselves to be at risk of infection are encouraged to undergo HIV screening.

Stringent measures are being undertaken to safeguard the national blood supply. There is a rigorous donor selection process, and all potential blood donors are interviewed and required to declare that they did not engage in and are not engaging in risk activities associated with HIV infection. Those who make a false declaration are liable to prosecution. All blood and blood products are also screened for HIV.

HIV/AIDS patients are given access to subsidized out-patient and in-patient medical treatment and are counselled regularly. They can go to any hospital to seek treatment and are treated no differently from other patients. They also have access to HIV drugs. However, like many other non-standard drugs for the treatment of other ailments, HIV drugs are not subsidized.

The Government also works closely with community groups to raise awareness of HIV/AIDS and prevent discrimination against patients and their families. Those groups we work with include Action for AIDS Singapore and several self-help patient-support groups. These groups are committed to AIDS prevention and providing support to people with HIV/AIDS, their caregivers and volunteers. They receive Government funding for HIV prevention activities and have given the Government strong support over the years. The Government also promotes further training and research activities.

At regional and international levels, the Singapore Ministry of Health cooperates with the Association of South-East Asian Nations, the World Health Organization and UNAIDS, and provides them with regular updates on the HIV/AIDS situation in Singapore.

We realize that there is as yet no drug that can cure the disease, nor is there any vaccine to prevent it. So Singapore believes that education and prevention programmes remain the keys to reducing HIV transmission. The cooperation of the public, private and human sectors, we feel, will be vital in reducing the spread of HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Lester Ross, Permanent Secretary of the Ministry of Health and Medical Services of Solomon Islands.

Mr. Ross (Solomon Islands): I am grateful for the opportunity to participate in this important United Nations special session on HIV/AIDS, which is charged with the crucial task of producing an effective global strategy to combat one of the deadliest scourges affecting humanity. My delegation wishes to thank Ambassadors Penny Wensley of Australia and Ibra Ka of Senegal for their tireless efforts in co-facilitating the negotiations on the draft declaration of commitment on HIV/AIDS.

This historic event is a testimony to our collective political will to address an epidemic of global proportions; an epidemic that respects no national borders, that is threatening all the development targets in an increasing number of developing countries and that has greatly affected the trajectory of human development. In addition, the HIV/AIDS pandemic has had a tragic impact on the fulfilment of children's rights — the focus of another important United Nations special session, this September.

Although Solomon Islands has a relatively low level of HIV/AIDS cases, we cannot afford to be complacent. With a sexually active and mobile population, and given the increases in other sexually transmitted infections, there is potential for further HIV/AIDS infections. For a small island developing State like ours, whose most vital resource is its people, or human resources, the AIDS pandemic is a serious and direct threat to human security and to social and economic development. It is a new and lethal source of vulnerability, exacerbating existing environmental and economic vulnerabilities. Our small population and struggling economy would not be able to cope with an outbreak of the disease. Since we are still recovering from a two-year ethnic crisis, an outbreak of the disease would be completely devastating. Above all, care and treatment would be extremely difficult to pay for. Therefore, like previous speakers, my delegation firmly believes that prevention must be the mainstay in combating HIV/AIDS.

In this regard, my Government, through the Ministry of Health and Medical Services, has already undertaken a number of policy measures and preventive strategies, including a multisectoral plan to combat HIV/AIDS. Specific activities include HIV/AIDS education and awareness-raising campaigns, through radio programmes, dramas and plays depicting the potential impact of AIDS on our society.

There is a need to institutionalize HIV/AIDS education and to expand awareness-raising activities in the rural areas, taking into account cultural sensitivities. To do so, we have to address the following obstacles: the lack of resources, lack of trained personnel, communication and information-dissemination problems due to the diversity of our local languages and culture, low levels of literacy, and geography. There is also a need to improve coordination of activities at the provincial level.

Besides, awareness-raising activities, my Ministry has also conducted HIV testing on vulnerable groups, including individuals with sexually transmitted infections and relapses of tuberculosis, blood donors, and those who are suspected of having AIDS-related diseases. Broader testing of potential carriers of the virus has been made more difficult by inadequate HIV-testing facilities and a lack of trained manpower, especially in the provinces; by the lack of support services, such as counsellors with expertise in the management of HIV infections; and by stigma.

Like others, Solomon Islands strongly supports a multisectoral approach to prevention, involving the public and private sector, civil society and non-governmental organizations, including churches. Substantial financial resources, however, are required to effectively implement national HIV/AIDS action plans and strategies.

We know the severity of the AIDS epidemic, but we do not always agree on how to address it. If HIV/AIDS is a disease of poverty, ignorance, sexual promiscuity and gender discrimination, and has the greatest effect on poor women and children, a global strategy to combat it must integrate balanced and practical measures to confront all the issues involved. Denial or a lack of emphasis on any of them would only help to spread the disease. Concerted national action and multilateral cooperation for both prevention and care, and for mitigating the impact on families, communities and whole societies, are fundamental. These efforts should integrate a gender dimension. In other words, the pandemic can be tackled only by a global campaign to create enabling environments for prevention and control, and interventions which protect human rights, provide better care and improve access to services for people living with HIV/AIDS. Above all, we need to develop an effective and affordable vaccine if we are to stop further infections.

Current global HIV/AIDS statistics and trends are extremely scary. In the absence of a cure, the world must treat the continuing increase in infection as a desperate situation which requires a vigorous and concerted response. In that regard, the Secretary-General's proposal to establish a global AIDS and health fund to combat the disease is a concrete step forward. Solomon Islands wishes to express its gratitude to those Governments, foundations and individuals which have already indicated their support. We must build on this momentum. Failure to do so will cost present and future generations the battle against HIV/AIDS.

The Acting President: I call next on His Excellency Mr. Gian Nicola Filippi Balestra, Chairman of the delegation of San Marino.

Mr. Balestra (San Marino): Allow me to convey my thanks to the President for organizing this special session of the General Assembly. The massive attendance by the highest representatives of Member States highlights the importance and urgency that our Governments feel with respect to the global problem of HIV/AIDS. To fight and defeat a powerful enemy, we need to understand it. A pandemic is no exception to that principle. To defeat the disease, we must understand its nature and its structure, the reasons for its devastating effects and, furthermore, the psychology and behaviour of its victims.

Let us put ourselves in the situation of an HIV/AIDS victim. What would our concerns be? First, we might think how we possibly could have contracted the virus. It could have been through unsafe sexual relations, through an exchange of needles when using drugs, through unsafe blood transfusions, or through birth.

Then we might think of our family; the people we had been in touch with; those we could have transmitted the disease to; whether we were going to leave our family without support and our children orphans.

We might think of the reaction of society and friends, how they will consider and treat us in the future; whether they will look at us differently; whether they will reject us. We might think whether we will be able to keep our job or to find a new one, and whether our condition will jeopardize our strength to carry on our work.

Will we be able to pay for drugs to increase the length of our life? What meaning will our life have when we know better than anybody else that we are going to die soon?

Those are questions that 36.1 million people asked themselves every single day last year. How many answers and reassurances are we able to give them?

With that example, I just wished to underline that AIDS concerns all of us, regardless of our origins, our race, our habits, our sex life or our culture. It concerns us from very close by – much closer than most of us expect. If we consider that in some countries one out of five adults is infected by the AIDS virus, we can easily imagine that this can jeopardize not only the lives of many families, but also the life of a country, of a region and of the whole world. The problem of AIDS, therefore, is not only a medical emergency, but also a social, cultural and economic crisis.

San Marino, in its small dimension, is also affected by AIDS. Our infected people generally contracted AIDS through an exchange of needles when injecting drugs. Due to the small size of my country and to the lack of appropriate legislation, most of our HIV/AIDS patients prefer to be treated abroad to be able to maintain privacy and secrecy.

My Government has tried to put in place a good information campaign and to create a Government AIDS coordination policy to monitor any development of the infection, along with a system of surveillance of blood donors and blood transfusions. Moreover, last year a service, managed by volunteers, was activated, providing scientific information and counselling over the telephone, guaranteeing total and absolute anonymity. To stimulate international cooperation, every year since 1998 the Ministry of Health of San Marino has organized an international symposium with the participation of many important immunologists.

We strongly believe that the best form of prevention is a comprehensive education programme. Fear and anxiety about ways to contract the virus, along with all the prejudice that surrounds the victims of this disease, create serious phenomena of discrimination and segregation, and are consequently an obstacle to the use of health services and health providers.

Responsibility must be equally shared. Governments should provide treatment, assistance, care

and support to HIV/AIDS patients. HIV/AIDS patients should act with a greater sense of responsibility towards their community. Exchange of information should be provided in a timely and accurate way. Pharmaceutical companies and research institutions should devote more efforts to research, giving priority to access to HIV drugs rather than to their own financial interests.

Let me assure the Assembly that San Marino will continue its fight against AIDS with all its strength. We will always be allied with the international community to combat this epidemic.

The Acting President: I call next on His Excellency Mr. Rashid Alimov, Chairman of the delegation of Tajikistan.

Mr. Alimov (Tajikistan) (spoke in Russian): I cannot fail to agree that HIV/AIDS knows no borders. It has become a global problem, and to solve it we need global approaches and the combined efforts of Governments and international organizations. The world's recognition of the crisis is clear from the Millennium Declaration, in which world leaders undertook to stop the spread of the disease by 2015 and to begin to diminish the scale of HIV/AIDS.

The urgent convening of a special session of the General Assembly on this problem may be viewed as a first, very important step towards the implementation of these commitments. The Government of Tajikistan welcomes this, and expresses its readiness to contribute to the joint campaign against the spread of HIV/AIDS. We fully share the international community's concern at the growth of the HIV/AIDS epidemic, which is giving rise to a whole range of humanitarian, social and economic problems throughout the world. The epidemic is associated with poverty, ignorance and gender discrimination, and it has a particularly negative impact on women and children, and on the future of mankind.

Although the number of HIV-infected persons recorded in Tajikistan is barely 20, my Government views extremely seriously the danger of the spread of the epidemic, and is taking preventive legislative and practical measures to combat this dangerous virus. Specifically, in 1993, the Tajikistan parliament enacted legislation to combat HIV/AIDS, and in 1997 a national HIV/AIDS prevention programme was formulated and adopted. This year, based on experience acquired by other countries, that programme was expanded and was extended to 2007.

On the initiative of the Ministry of Health of Tajikistan and with the support of UNAIDS, an expert assessment is being drawn up and studied. In line with the concept of a national strategy to combat the HIV/AIDS epidemic that takes into account the experience acquired by mankind in the war against the virus, the Government of Tajikistan has established a national centre, one of the first in the Central Asian region, whose objective is to develop and disseminate among the population information about a healthy life style. Together with the United Nations Population Fund, we have begun to implement wide-ranging programmes for the prevention of HIV/AIDS among young people. We believe that in order to coordinate the efforts of the Central Asian States in this area, there is now a need to establish a specialized regional centre to combat HIV/AIDS. The effective activity of such a centre will depend, to a great extent, on the financial support of donor States and international organizations.

It is obvious that, regardless of the nature of this horrendous illness, the root causes of such a large-scale epidemic lie in the weakness of the social and economic health systems of many countries of the world, and on their limited abilities to withstand crisis situations. The onerous consequences of civil conflict will be felt for a long time in Tajikistan, where the health system is now experiencing its most difficult period in 30 years. The Government is making significant efforts to restore the infrastructure of the health system in regions that suffered from the conflict.

Despite limited budgetary resources, Tajikistan is financing projects aimed at strengthening primary medical health care and combating the spread of infectious diseases. This campaign has already yielded positive results. However, without external support, these achievements may turn out to be short-term in nature.

Of course, a particular concern in Tajikistan is the spread of illnesses that exacerbate the spread of the AIDS epidemic. During the last 10 years, the death rate from tuberculosis has increased by a factor of three and the number of people suffering from sexually transmitted diseases has risen by a factor of 15. At the regional conference on HIV/AIDS that took place in May 2001 at Almaty it was noted that new cases of sexually transmitted HIV infections in the countries of

the Commonwealth of Independent States are increasing at one of the highest rates in the world.

Yet another vector for the spread of HIV infection is intravenous drugs. Because of its geographic position on the front line of resistance to the drug threat emanating from neighbouring Afghanistan, Tajikistan attaches particular importance to combating the illegal trade in, and spread of, drugs. The efforts of the Government of Tajikistan in this area have received the widest possible support from the United Nations, neighbouring States and Russia. It is known that the regional plan of action to combat drugs implemented with the support of the United Nations by States of the "six plus two" group is already yielding positive results. To a certain extent, we are convinced that this will also have an impact on the war against HIV infection.

In that connection, we believe that, as part of their priority activities, the specialized agencies of the United Nations — in particular the World Health Organization, the United Nations Population Fund and UNAIDS — could in fact allocate more resources to preventive efforts to combat the HIV epidemic and to strengthen the health-care system in those countries where the epidemic is just beginning. We are convinced that support for the efforts of those Governments will help to prevent the impending tragedy and save hundreds of thousands of human lives.

The result of our work, the draft declaration of commitment to combat HIV/AIDS, must reflect a wide-ranging approach to find a solution to this problem. Within this framework, there is a need to analyse all the relevant aspects, consequences and decisions — whether that means drawing up adequate policies, mobilizing required resources or ensuring coordination of national and international efforts at various levels. There is also a need to determine the scale of efforts to be undertaken at the national, regional and global levels.

In the draft commitment document, the scale attributed to the current problem of HIV/AIDS must be commensurate with other, no less dangerous, challenges facing the international community, such as those related to conflict, hunger, poverty and infectious diseases, from which millions of people throughout the world continue to suffer. In our view, it is extremely important to take into account in the draft declaration the need to target programmes to combat the drug trade, which involves the use of drugs among young people. Tajikistan supports the measures proposed in the draft declaration to mobilize financial resources, including the establishment of the global HIV/AIDS fund, which could assist not only all countries stricken by the epidemic, but also those in which the plague of the twentieth century is just beginning to make itself felt.

The virus responsible for this illness, which strikes the human immune system and deprives it of the ability to resist various illnesses, has laid down a challenge to all mankind. The measures at the national, regional and international levels reflected in the draft declaration must mobilize the international community to implement the objectives set out to effectively combat HIV/AIDS.

The Acting President: Before calling on the next speaker, I would request representatives to be good enough to move quietly through the aisles at the end of each statement and as they enter and exit the General Assembly Hall, in order not to disturb the speaker who has the floor. I rely on those present to cooperate in maintaining order and quiet in the Hall, in keeping with the dignity and decorum expected of members of the General Assembly.

I now give the floor to His Excellency Mr. Stefan Tafrov, Chairman of the delegation of Bulgaria.

Mr. Tafrov (Bulgaria) (spoke in French): Twenty years after it began, the AIDS epidemic is now reaching proportions that exceed the most pessimistic forecasts. It is clear that a response to the pandemic must be multisectoral and multidimensional. Combating AIDS requires radical and sustained change from every individual and institution. The role of civil society in this regard is crucial.

At this stage, Bulgaria has not been significantly affected by AIDS. Since 1985, 338 cases have been recorded. But Bulgarian authorities and society as a whole have developed a concerted strategy meant to contain AIDS infection and to keep it at low levels. Bulgaria is convinced that close cooperation with the competent international organizations and regional coordination are key elements in any national strategy against the epidemic.

In the last three years, a through analysis of the epidemiological situation in Bulgaria has been carried out with the active support of the United Nations

Development Programme (UNDP). This analysis has made it possible to develop a national strategy to prevent and control sexually transmitted AIDS infection, as well as a national programme for the years 2001 to 2007. Priority areas for this effort focus on young people and vulnerable groups, such as the Roma minority and intravenous drug users, among others. The health services and specialized social services are particularly focused on this strategy, which also includes detailed policies for detection and epidemiological monitoring.

It should be underscored that the national programme is financed entirely by the State. The United Nations specialized agencies — the United Nations Development Programme, the United Nations Joint Programme on HIV/AIDS, the United Nations Children's Fund and the United Nations Population Fund — are active and appreciated partners. The Open Society Foundation and other representatives of civil society are also participating significantly. This year, Bulgaria has decided to join the regional programme Partnership against AIDS in Eastern Europe and the Commonwealth of Independent States.

As an infectious disease, AIDS has a qualitative impact on infectious diseases as a whole. Victory over AIDS in the world can be achieved only by strengthening the overall public health sector and by combating other socially significant diseases, such as tuberculosis, malaria, poliomyelitis and other infections that can be prevented through vaccination.

The AIDS epidemic is a global phenomenon, so we have to be global in our response. The struggle against AIDS obliges us to pool our efforts despite political, cultural and religious differences among different cultures and societies.

My country welcomes the holding of this special session of the General Assembly. We see in it a sign of hope, particularly for Africa, which is the continent that is most affected. To the extent of its capacities, Bulgaria is prepared to contribute to the global response to this pandemic.

The Acting President: I give the floor to His Excellency Mr. Yehuda Lancry, Chairman of the delegation of Israel.

Mr. Lancry (Israel): Israel welcomes the convening of this special session of the General Assembly, and we are gratified that the Secretary-General has now raised the global threat of HIV/AIDS, particularly in Africa, to the top of the international agenda. This special session provides a forum for a historic opportunity for us to reaffirm the commitment of the international community to fight the spread of HIV/AIDS. But the magnitude of the threat, and the tremendous human costs which it entails, mandate that we act decisively. Our actions must be focused on two primary issues: the global nature of the AIDS crisis that threatens every country on Earth, and the tragic situation that imperils the future of the African continent.

The international community can no longer ignore the fact that Africa has become increasingly exposed and vulnerable. Two thirds of the global population infected with HIV lives in Africa, where social and economic development has been set back more than a decade. While Africa suffers disproportionately from HIV/AIDS, the disease and its devastating consequences are by no means confined to that continent. AIDS is spreading in Asia and the Caribbean, in Latin America and elsewhere, with no regard for nations or borders, for race or for gender. As the nature and consequences of the problem are global in scope, so must be our response. All nations, Governments, international organizations, the private sector and individuals must resolve, and unite in a comprehensive worldwide effort, to halt the spread of AIDS and to care for those already suffering.

In this connection, Israel welcomes the Secretary-General's global call to action and commends him for proposing a global fund to combat AIDS, which will position the United Nations to lead the worldwide effort against the spread of the disease. Israel stands ready to contribute its share to this global effort following the decision of the Israeli Foreign Ministry this past January to fully engage in the international fight against AIDS.

In the course of this special session, Israel will eagerly explore ways to contribute our skills and expertise to the international effort. Israel's capabilities in the fields of technology transfer, modern agriculture, economic and social development, medicine and public health, community development and education stand at the ready. We have explored the possibility of a compact mobile unit, a sort of mobile health unit that provides preventive assistance, diagnostic and clinical support, and mother and child care in hard-to-reach areas. Israel is capable of counselling and assisting in

the establishment of institutions for AIDS orphans in the light of our unique experience dealing with youth immigration and youth educational institutions. We are ready and willing to do all that we can, and we are committed to forging partnerships that will enable our expertise to be most usefully employed.

In Israel we are fortunate to have a relatively low prevalence of HIV/AIDS. As of 1 June 2000, 690 AIDS cases and 2,402 HIV-positive individuals had been reported to the Ministry of Health since the outbreak of the epidemic in 1980. Nevertheless, we have developed an extensive infrastructure to test, treat, educate and care for infected individuals, coordinated by the Ministry of Health. The Ministry has developed comprehensive educational programmes focusing on preventing infection, and it provides treatment and follow-up for those already infected, including universally available antiretroviral cocktails provided at little cost to the patient. Our partnership with non-governmental organizations has also been fruitful, particularly with the Jerusalem AIDS project, which sponsors educational programmes, increases awareness of AIDS among the general public, lobbies for the rights of patients with AIDS and conducts training workshops in over 20 countries.

It has been nothing less than chilling to listen to the speakers in this debate, heads of State and Government citing the devastating figures charting the advance of the AIDS pandemic, offering grave statistics to describe the devastation wrought by the disease and issuing heartfelt pleas to the nations of the world to act quickly and decisively. In the face of this, it is easy to despair. But we dare not. The people of the world are looking at us today with hope, and for their sake, for the sake of all of us, our children and the future of humankind, we must commit ourselves to eradicating the scourge of AIDS from the face of the planet.

The nature of a global pandemic in our increasingly complex and interconnected world requires new thinking, bold leadership and courageous and timely action. Let us ensure that this special session produces genuine results and that we bear constantly in mind that, ultimately, the success of this session will be measured in something no less precious than human life. As the old dictum states, "Whoever saves a single life is as if he has saved the entire world".

In this spirit, Israel will do everything in its power to contribute to the global effort to fight the AIDS pandemic and we encourage all participants in this session to adopt concrete actions as a top priority.

The Acting President: I now give the floor to His Excellency Mr. Walter Bazan, chairman of the delegation of Malta.

Mr. Bazan (Malta): At the outset, my delegation declares that it associates itself with the statement delivered by the representative of Sweden on behalf of the European Union and associated countries.

It is indeed appropriate for this body to assemble in special session to review and discuss the HIV/AIDS pandemic 20 years after the first cases of the disease were diagnosed and identified. In these two decades, the pandemic has assumed global proportions and is widely recognized as one of the most serious challenges, if not the most serious challenge, facing humanity today. This pandemic is having devastating effects on humanity far worse than any war or natural disaster.

In the last few months and weeks, we have noticed that the convening of this special session has served as a catalyst for intense activity at all levels. Enhanced public awareness has raised expectations and we are now faced with a daunting challenge. The resolve and commitment embodied in our final declaration must therefore equal the expectations generated.

The gravity of the situation is emphasized and substantiated by statistics that, unfortunately, send a very clear and alarming message. More than 36 million individuals in the world are living with HIV/AIDS; 90 per cent of these are to be found in the developing world and 75 per cent in sub-Saharan Africa; 600,000 children are born with HIV annually. In the face of a crisis of this extent, it was to be expected that, given the limited resources available, a debate would ensue as to whether prevention or cure was to be at the forefront in the battle against HIV/AIDS. It is now evident that both prevention and care are two mutually supportive strategies in a determined response to the epidemic.

Prevention, however, remains of primary importance. It must be interpreted not as cynical disregard of those already infected, but rather as a necessary and pragmatic approach aimed at

minimizing, to the greatest extent as possible, the numbers of those in need of care and treatment. This in turn will release the resources so essential to better and more effective treatment as well as to intensifying research activities. Prevention is an investment for care, support and treatment.

Although, in Malta, the number of those infected with HIV is minimal and seemingly under control, relative studies indicate that the generation born and raised in the past 20 years lacks sufficient knowledge about sexual matters or is rather misinformed. This dangerous situation can be remedied only through the pursuit of a comprehensive sex-education programme as an integral part of the national minimum curriculum. This is an exercise that will be taken in hand in the very near future by the Health Promotion Department within the Ministry of Health.

Education is complemented by awareness-raising campaigns targeting those who have already left the classroom. The use of the media to promote safe sex enables the health authorities to reach the maximum audience. Literature is concurrently distributed to supplement the message delivered. Moreover, the central role played by the family in the national preventive strategy is to be emphasized.

Both treatment and care require support. In Malta, support usually takes the form of pre- and post-test counselling. Health personnel directly involved in this process are regularly updated through annual seminars to keep them abreast of the latest approaches, best practices and methodology. Treatment is provided as an integral part of the national health care and is given according to the requirements of each individual case.

In all aspects and phases of the fight against the epidemic, respect for human rights cannot be overlooked. Reducing vulnerability through the promotion of human rights and fundamental freedoms is the cornerstone of any effective campaign. This is a strategy that goes hand in hand with efforts aimed at reducing stigma, discrimination and social exclusion. Children and women, being particularly vulnerable, deserve special attention. In drawing up policies and strategies, we must ensure that these vulnerable groups and categories remain high on our agenda. In addition, those most at risk must be encouraged to seek testing and counselling. Programmes addressing such issues as risky sexual behaviour and injecting drug use are necessary if we are to highlight these activities' inherent danger and to bring about the desired behavioural changes.

Undoubtedly, apart from the devastating loss of life, this pandemic has tremendous negative social and economic repercussions. A whole generation is at risk, with the corresponding threat to development. In its disastrous path, this disease is leaving behind orphans and taking a high death toll of teachers and instructors with meagre chances of replacement. The drain on the best and most productive elements of society not only impacts negatively on our present generation, but jeopardizes potential development and future resources.

With regard to care, the results being obtained through the use of highly active antiretroviral therapy are very encouraging and have led to a significant reduction in AIDS-related mortality. However, this is a treatment that, unfortunately, is still beyond the reach of the large majority of those infected. Recent breakthroughs in the discussions on drug pricing have given renewed hope to millions. The next step is to strengthen health systems to enable the delivery of these drugs to those who need them.

It clearly emerges that the concerted efforts necessary to combat this epidemic call for a substantial increase in public health funding at both the national and the international levels. It has been estimated that the achievement of the targets set warrants an expenditure of between $7 and $10 billion annually. These figures contrast sharply with the current expenditure of $2 billion. Such a discrepancy in current and proposed funding reinforces our belief that the international community should express its solidarity, particularly towards current and potential victims, through concrete measures of support, financial and otherwise.

In conclusion, it would be remiss on the part of my delegation not to acknowledge and applaud the leading and coordinating role being played by the Joint United Nations Programme on HIV/AIDS within the United Nations system.

In the final analysis, a balanced and coordinated approach appears to be the most viable of options. This can be achieved only through leadership at the national, regional and global levels. A commitment by all Governments, parliamentarians, civil society and individuals is necessary if we are to ensure that the

number of those infected and affected by HIV/AIDS is considerably reduced. We need to intensify our efforts to collectively work to put an end to this human tragedy.

The Acting President: I give the floor to His Excellency Mr. Fuad Mubarak Al-Hinai, Chairman of the delegation of Oman.

Mr. Al-Hinai (Oman): At the outset, I would like to say what an honour it is for me to participate in the twenty-sixth special session of the General Assembly, on HIV/AIDS.

The Sultanate of Oman, under the wise leadership of His Majesty Sultan Qaboos Bin Said, has accomplished astounding achievements in the health of its population over the last 30 years of its renaissance. These achievements have been widely recognized and acclaimed by various international organizations, including the World Health Organization (WHO), the United Nations Children's Fund and the United Nations Development Programme.

Health indicators such as infant, under-five and maternal mortality rates continued to show progressive and consistent reduction in the Sultanate over the past three decades. Several diseases have been eliminated and life expectancy at birth has reached levels comparable to those in developed countries. Furthermore, an extensive network of modern health facilities providing a full range of services is made available and is easily accessible to the entire Omani population. Thus, Oman's health achievements are part and parcel of a comprehensive social development.

Nevertheless, rapid socio-economic changes coupled with demographic transition in Oman have led to a remarkable change in the profile of the health problems and risks that are now facing the population. Thus, non-communicable diseases, lifestyle disorders and emerging diseases are becoming leading causes for concern. HIV/AIDS, the global epidemic that is sparing no continent, country or community worldwide, was first reported in Oman in 1984.

While the prevalence of infection in the country continued to be consistently low, the Government is not allowing this fact to be a cause for complacency at home or indifference to the global epidemic. In this regard, Oman was always forthcoming in its willingness to collaborate with regional and international agencies active in the fight against the epidemic. Both WHO and UNAIDS commended Oman on its transparency in sharing information on the disease and on the performance of its national HIV/AIDS control programme, which applies internationally recommended strategies for combating the problem.

Oman's HIV/AIDS control programme was launched in 1987 with an overall strategy to raise population awareness, mobilize national resources and enhance international collaboration in order to prevent and control the problem. Since then the programme has initiated the following activities.

We conducted a national campaign of communication and information dissemination on the problem and its associated risk behaviours, which was particularly targeted on the young and adolescents, who make up 50 per cent of the Omani population. The programme also continues to work diligently to combat fear, stigma and discrimination, which are associated with the problem. We consolidated and strengthened blood safety measures in the country to eliminate the risk of infection transmission through blood and blood products. We encourage voluntary testing, counselling and, consequently, the provision of appropriate and standard treatment, including measures to prevent mother-child transmission. We have built an HIV/AIDS surveillance and information system, which is documenting the infection/disease status and trends.

We are pleased by the encouraging signals from discussions at WHO and UNAIDS with pharmaceutical manufacturers to reduce the cost of HIV/AIDS multiple drug therapy. The pharmaceutical industry is commended for the concession it has offered so far, but the plight of HIV/AIDS victims is calling on them and us for more. The international community is also obliged to boost and coordinate its scientific and research efforts towards the development of an effective vaccine, which should enhance the ultimate conquering of this menace.

In conclusion, while Oman realizes the importance of national action and vigilance to face the problem of HIV/AIDS at the grass-roots level, it has no doubt that only collective work and partnership at the international level could pave the road out of this nightmare that is confronting humanity. More work and efforts are needed from all of us in order to relieve the suffering of those most afflicted by the epidemic and who have little means to fight it with. In this respect,

Oman appreciates the leadership and efforts provided by WHO, UNAIDS and other agencies and partners in this campaign. We look forward to continuing our work alongside our partners in the spirit of international solidarity against this global plague.

The Acting President: I give the floor to His Excellency Mr. Alan Pintér, Chief Medical Officer and Chairman of the delegation of Hungary.

Mr. Pintér (Hungary): May I take this opportunity to congratulate the President on his assumption of the presidency of the special session of the General Assembly on HIV/AIDS. Let me assure him of the full support of the Hungarian delegation in the discharge of his important duty.

Let me first state that Hungary associates itself with statement delivered by Sweden on behalf of the European Union.

Fifteen years ago, HIV/AIDS was recognized in Hungary as one of the major epidemiological challenges of recent decades, and it is now considered an issue of utmost importance. Hungary also believes that, to meet this challenge, the response should comprise a wide range of societal aspects, including, inter alia, cultural and human rights, as well as epidemiological ones.

Hungary belongs to a group of countries with low HIV/AIDS prevalence. Between 1985 and 2000, a total of 899 cases of persons with HIV were detected, 766 of them with an identification code, while 133 remained anonymous. The cumulative HIV incidence rate was 85 per 1 million population at the end of 2000. The annual mean of newly detected coded HIV-positive persons was 48, an incidence rate of 4.7 per million.

The proportion of foreigners among HIV-positive persons is considerable. By the end of 2000, a total of 221 HIV-positive persons originating from 56 countries were recorded, representing 29 per cent of all registered HIV-positive persons. It is noteworthy that a number of these persons arrived in Hungary with the explicit purpose of having an HIV test.

As they do worldwide, transmission categories show changing patterns. Heterosexual transmission of the infection is increasing. Females represent 13 per cent of all registered HIV-positive persons, with a growing prevalence tendency. However, the number of registered HIV-positive drug users remained low; only two were identified by the end of 2000, in spite of the fact that the number of drug abusers is rising at an alarming rate. Recognizing the risks of HIV transmission among drug users, the Hungarian health authorities continue to make significant efforts to address this problem.

The data presented clearly indicate that the HIV/AIDS epidemic has been kept at a relatively low level in Hungary from the time of its first detection until now. This has partly been the result of strict epidemiological measures introduced immediately after the appearance of the first HIV-positive cases in 1985 and of the consistent attitude of the Hungarian authorities during this 15-year period.

Hungary has consistently followed a practice in line with the main principles described in the draft declaration of commitment on HIV/AIDS, which we are called upon to adopt at this special session, and has placed special emphasis on the concept that prevention must be the mainstay of our response. It is also acknowledged that prevention, care, support and treatment are inseparable and mutually reinforcing interventions.

In Hungary, traditional epidemiological surveillance has been developed, along with voluntary counselling and testing facilities, particularly for high-risk groups, in order to provide HIV-positive persons with information and advice, to promote understanding in society and to contribute to combating stigmatization and discrimination. With the help of education and the media, nationwide prevention programmes and intensive campaigns have been organized, financed and implemented, with the vigorous involvement of civil society. These practices have so far proved to be successful in Hungary.

Possibilities for the early detection of HIV infection, as well as recent developments in the area of antiretroviral therapy hold out hopes for reducing the burden of the disease all over the world. Efforts should be made to provide the highest possible standard of treatment for HIV/AIDS in all countries.

Facts on HIV/AIDS worldwide are shocking and call for concerted action. The Hungarian Government fully supports the spirit of the draft declaration of commitment to address the HIV/AIDS crisis and to take action at the global, regional and national levels. The Hungarian Government is committed to contributing to the successful implementation of the declaration.

The Acting President: I now give the floor to his Excellency Mr. Ahmad Al-Hadad, Chairman of the delegation of Yemen.

Mr. Al-Hadad (Yemen) (*spoke in Arabic*): Twenty years ago, in June 1981 to be precise, when the first case of AIDS was discovered, we could never have imagined the scope of the tragedy. Indeed, over these last two decades, the number of individuals who have died in Africa, most of them in sub-Saharan Africa, exceeds 20 million. Today, 36 million people have been infected by this illness. Our era enjoys the fruits of technology and innovations in the field of medicine, yet humankind has still not been able to find an effective vaccine against this illness. Even when medicines have been found, their considerable cost prevents access to them by the most vulnerable groups of infected persons.

Today the representatives of States and Governments are meeting at United Nation Headquarters, aware of the danger the AIDS epidemic represents. We are facing a global state of emergency, and we must find the means of dealing with this tragedy, including the mobilization of resources to implement the Millennium Declaration, in which heads of State declared their commitment to fighting AIDS, halting its spread by 2015 and rendering assistance to all those orphaned by AIDS and other infectious diseases.

The response to the disaster of AIDS is not limited to the search for medicines. It also includes the search for a solution to all the various economic and social problems of societies affected by AIDS. It has affected health security, social services, the family and food security. AIDS has created a global crisis threatening the stability of all human society. Therefore, we note the importance of the draft declaration we will be adopting at this session. We also note the measures reflecting our political will, including those of Governments, the private sector and international organizations, including the United Nations, to deal with the problem of AIDS. In that context, the Government of Yemen supports the proposal by the Secretary-General to create an international fund mobilizing resources to deal with the needs of countries to fight AIDS. However, we believe that these resources represent merely the beginning. The international community must also adopt measures to remedy the problem of poverty and the effects of foreign debt, taking into account the role of official development assistance and the assistance provided to the least developed countries and to the developing countries in general, so that these countries can be a part of an international economy based on justice and shared responsibility.

My delegation believes that this United Nations special session is an unprecedented event of historic importance that has ramifications beyond the domain of health. This special session breaks the wall of silence and places additional responsibility on the international community. The Republic of Yemen has done all within its means to fight AIDS, both through its Government and through the participation of all sectors of civil society, in cooperation with the United Nations, the United Nations Development Programme, UNAIDS, the World Health Organization, and the United Nations Centre for Human Settlements (Habitat).

We have formed a national committee to combat AIDS. In the framework of our national assembly's efforts to combat AIDS, we have implemented a number of programmes and held public meetings to heighten awareness of this illness. We also attach particular importance to providing all due social assistance to young people, women and children.

The Republic of Yemen is particularly interested in combating this epidemic because of our country's geographic situation. Yemen has a rather long coastline, which has led the Government to provide financial resources, even given the economic difficulties we are facing, in order to take preventive measures to stop the spread of the epidemic.

My country is convinced that the battle against AIDS will be successful only if efforts are made at the national level to combat poverty and illiteracy, to provide education and health care, to ensure that all persons infected with HIV and their families are part of this campaign, to prevent mother-to-child transmission, to ensure the safety of transfused blood and to expand social security networks. We are particularly concerned to promote awareness of the dangers of this epidemic.

Humanity and its billions of members, especially the tens of millions of victims, are placing their hopes in this special session. All of mankind nurtures the hope that it will be possible to alleviate the suffering of those who are ill and of those who have been orphaned by the disease. We hope that the leaders of the world are committed to protecting them.

The Acting President: I now give the floor to Her Excellency Mrs. Mildred Trouillot Aristide, chairperson of the delegation of Haiti.

Mrs. Aristide (Haiti) (*spoke in French*): On behalf of the President of the Republic of Haiti, Mr. Jean-Bertrand Aristide, and of the Government and people of Haiti, I take this opportunity to congratulate the Secretary-General on having opened this special session in implementation of General Assembly resolution 55/13 to review the problem of HIV/AIDS in all its aspects and to promote a global commitment to fighting this epidemic on all fronts.

This pandemic has already led to the deaths of 21.8 million people, 17.5 million of whom were adults, 9 million women and 4.3 million children under the age of 15. The geographic distribution of the epidemic adds it in the most frightful way to the general misery and poverty of the world. In this world of paradox, it is interesting to note that the poor countries, which have been especially hard-hit by the AIDS epidemic, are making very significant efforts to build sustainable democracy and to promote fundamental freedoms despite all the political difficulties that are sometimes entailed by the geopolitical and economic challenges they face, which leave little room for mankind's freedom and development.

In that respect, I take this opportunity to note that the chronic political crisis in my country, Haiti, is now being resolved with the support of the Organization of American States. The new political understanding of the situation in Haiti should lead the international community to support my Government's efforts to strengthen democracy, reduce poverty and combat HIV/AIDS. This trio of democracy, poverty and AIDS could serve as clear signposts for the work and involvement of the United Nations to reverse this epidemic, which threatens development, food security and hopes for life and is a devastating burden on our economy.

Haiti is one of the countries of our region where the epidemic is very widespread. Its prevalence in our nation is between 4.5 and 6 per cent. In a population of 8 million, approximately 260,000 people are living with HIV/AIDS. On 7 May, the Ministry of Public Health and Population officially launched a process for developing a national strategic anti-HIV/AIDS plan for the period 2002-2006. The participation of the President, the Prime Minister and his Government in this national mobilization activity demonstrates the commitment of the Government to struggling against HIV/AIDS in Haiti. This commitment and political fall within the context of partnership with the private sector in the anti-AIDS campaign.

The social policies of the Government, focusing on investment in the human being, stress the achievement of growth in synergy with human development. This social policy, inter alia, assigns special priority to health care, in close harmony with the building of an institutional framework in which the Ministry of Public Health and Population can implement its policy of reorganizing the national health system and improving its performance by decentralizing responsibilities and services. Resources in the health sector are insufficient, whereas most financing for development has been frozen for several years. Despite these difficulties, the Minister of Public Health and Population, in cooperation with its partners, has set up a national AIDS programme focused on prevention, the reduction of sexually transmitted infections other than AIDS, mother-to-child transmission, safe transfusion, vaccine research and care for the ill.

The help of non-governmental organizations can contribute somewhat to easing these difficulties, but enhancing state control is an essential component in the entire logic of the struggle against poverty and in managing the implementation of the AIDS programmes. It is difficult, however, to reverse this pandemic if, beyond the health sector, we do not have the resources necessary to implement fundamental rights, such as the rights to education, information, justice, income to cover the most basic needs, decent living conditions and development. Institutional strengthening will give the State the means necessary to take into account the interaction among all those factors and to ensure consistency in the actions of the various partners.

In conclusion, I would recall that AIDS is everywhere in our world. The campaign against it is the greatest challenge facing humanity at the dawn of this post-modern era of the twenty-first century. In this vein, I take the opportunity to welcome the Secretary-General's initiative to create a global fund against AIDS. Heads of State and Government and members of Government and civil society, including non-governmental organizations and the private sector, must feel themselves challenged every day by this

scourge and, every day, must seize the opportunity when it arises to offer a gesture of solidarity in our struggle against HIV/AIDS at the global, regional, national and even individual levels. Such a simple gesture can work to reduce discrimination and the stigma attached to this pandemic. The motto of my country is "Union is strength"; likewise, working together, we can all overcome AIDS.

The Acting President: I give the floor to His Excellency Mr. Murari Raj Sharma, chairman of the delegation of Nepal.

Mr. Sharma (Nepal): I commend the President of the General Assembly and the Secretary-General for providing leadership in convening the General Assembly's special session on HIV/AIDS.

A challenge inspires human beings to respond. HIV/AIDS has dared us to come together and wage war on it. And today the world sits on so much wealth, knowledge and technology that collectively we can combat this epidemic.

HIV/AIDS is appallingly indiscriminate in its scope, and devastating in its scale and impact. In the last two decades, this stealthy killer has taken more than 21 million lives and orphaned 13 million children, as well as having infected 36 million people on earth, 96 per cent of them in developing countries. At a time when antiretroviral therapies and the growing awareness about safer sex are bringing down infection rates in rich countries, this pandemic is spreading like wildfire in poor countries. If left unchecked, it threatens economic development, social cohesion, political stability and food security in many States, particularly in sub-Saharan Africa, but increasingly in Asia and elsewhere. Hence, taking comprehensive, concrete, effective and urgent action at national, regional and international levels becomes critical in order to contain, and eventually eradicate, this deadly pestilence.

Although reported cases are much lower, Nepal is estimated to have nearly 50,000 young people with HIV infection and 2,500 with full-blown AIDS. Poverty and ignorance lie at the root of this menace. The situation has been rapidly deteriorating from a low-prevalence to a high-concentration epidemic. Every year, impoverished young men seeking employment outside and young women victims of trafficking, who end up in brothels, return from abroad with this terrible infection. They and home-grown sex workers and their clients have been transmitting the plague thick and fast. Combined, they constitute the overwhelming majority of the infected, followed by injecting drug abusers and children inheriting infection through mother-to-child transmission.

We broadly concur with the priorities for action the Secretary-General has outlined in his report. Nepal also welcomes his initiative to set up a global fund to help prevent and treat HIV/AIDS, mainly in needy countries. Of course, assuaging the pain of patients and making drugs affordable and accessible in poor countries must be our immediate focus. But prevention is our best hope and must be our top priority, through behavioural and structural measures.

Giving knowledge and power to people at risk to protect themselves, and courage to the infected to come out of the state of denial and seek assistance, as well as promoting investment in research to develop vaccines against HIV/AIDS, must be the cornerstones of a preventive strategy. Involving AIDS victims, respecting their human rights and offering information, testing and counselling must form an integral part of such a scheme. Above all, we must break the cycle of poverty, illiteracy, disease and conflict to remove structural obstacles to our capacity to reverse HIV/AIDS. No strategy will defeat this malady without such a holistic approach.

With its limited resources and capacity, Nepal has been trying its best to wrestle with the growing HIV/AIDS epidemic. We have now been updating the existing national strategy on HIV/AIDS. We have created a national centre for HIV/AIDS and earmarked a modest budget for preventive activities. A police cell has been formed to control trafficking in women, and a campaign has been launched to bring about awareness in high-risk areas. Government and non-governmental organizations have joined hands to control trafficking and provide support to its victims, as well as to prevent the further spread of HIV/AIDS. We are encouraging the private sector to play a meaningful role in the process.

Despite our commitment, what we have been able to do is far too little to confront this horrendous disease squarely on a sustained basis. Nepal, a least developed country, needs external assistance to build its human and financial capacities to do the job. We therefore appeal to the international community to live up to its commitments made in various global conferences and

compacts. The Millennium Summit should provide us the spirit to carry out this noble task.

HIV/AIDS does not respect national borders. Globalization has intertwined our destinies, pulling down many of the traditional walls that protected us in the past. That is why joining forces to prevent conflicts and wage war on poverty, illiteracy and HIV/AIDS and other diseases will be a good investment in our common future. The world has the capacity to make a real difference. We need political will and commitment to make it happen.

The Acting President: I now give the floor to Mr. Hubert Hartl, Chairman of the delegation and Adviser to the State Secretary of Health of Austria.

Mr. Hartl (Austria): On behalf of Austria, let me express our sincere admiration and appreciation for the organization of this eminently important world conference. We are especially grateful to Secretary-General Kofi Annan for drawing the world's attention to this serious issue. Let me also thank wholeheartedly Executive Director Peter Piot and his staff at UNAIDS for their excellent work in preparation for this special session.

The extent of the acquired immunodeficiency syndrome (AIDS) epidemic, with its demographic, social, economic and security impacts, has developed into the most threatening health and development challenge of our time. Austrian health policy first reacted to the challenge of HIV/AIDS in 1986 by passing its own AIDS legislation. The focus of the AIDS legislation with respect to the specific epidemiological facts of AIDS is on prevention, with counselling and information efforts placed in the foreground to avoid the spread of infection. Among other things, the law regulates the notification of AIDS cases, which has to be effected anonymously.

For the last 15 years, the Federal Ministry of Health has also committed itself to inform the public about HIV/AIDS. Consequently, the Health Department organizes national AIDS information campaigns with Austrian AIDS relief organizations at regular intervals. Both the population at large and individual target groups with higher risk behaviours were, and are, sufficiently informed of the origins of HIV infection and of the behavioural patterns necessary to avoid this sexually transmitted disease.

At the same time, the Health Department focuses on continuous and detailed information and prevention activities by means of seven regional AIDS relief organizations, which evolved from the Austrian AIDS relief organization Österreichische AIDS Hilfe. These regional AIDS relief associations are subsidized mainly by the Federal Government, but also by the Federal provinces and private sponsors.

For 2001, a total of 2.5 million euros was allocated for the implementation of the following main points. Anonymous HIV tests are carried out for persons willing to undergo them and consulting activities on the transmission routes of HIV. To this effect, special attention is paid to providing relatively easy access to advisory centres, which aim at reaching as many persons as possible. Meanwhile, the associations also offer hepatitis B and C testing. Prevention meetings are held, in particular in schools, and, in this context, there are educational activities for peers and multipliers, such as teachers. There are special projects such as prevention work — street work and prevention on the spot — in order to reach, in addition to children and adolescents, other vulnerable groups. Consulting and information activities are carried out for persons infected with the HIV virus and for their families, but without treatment.

The associations are also participating in many European Union projects, such as AIDS and Mobility, the AIDS Enterprise Network, AIDS in Prison, HIV/AIDS Prevention in Europe, and so on. They are also preparing autonomous projects for Central and Eastern Europe, such as the Peer Education Project for adolescents in Moldova. The Austrian AIDS relief associations also produce informative prevention material and a quarterly review, *Plusminus*, and organize regional campaigns. They also created a home page which provides information on Austrian activities, developments and treatment.

Basically, progress achieved in the treatment of AIDS has changed the clinical picture. As a result of combination therapy, the acquired immune deficiency syndrome will be slowly transformed into a chronic disease, thus causing a change in the scope of activities of AIDS relief associations. In addition to spreading comprehensive and practical information, measures that satisfy the needs of target groups — which can also prevent discrimination against persons concerned, helping them to return to their place of work — must be continued and intensified.

Since the prevention of AIDS requires flexible concepts, the continuous prevention efforts of non-governmental organizations allowing them to take into account the specific circumstances of target groups were considered a significant corner stone in Austrian AIDS prevention, and they seem generally successful. In a country with a total population of over 8 million people, 2,096 AIDS cases have been reported to us since 1985, of which 1,269 resulted in death. Reliable estimates of the number of HIV infections range from 10,000 to 15,000 cases.

Furthermore, the evaluation of these measures is carried out by the Health Department of the Federal Ministry for Social Security and Generations. Examinations of patients treated at major Austrian medical centres are carried out, and it is possible to undertake epidemiological analyses on the basis of a very detailed database.

For those persons for whom preventive measures came too late or were not successful for various reasons, round-the-clock, state-of-the art services are provided by the public health-care system.

Basically, public hospitals are obliged to accommodate any person in need of hospitalization — for example, any person whose physical or mental condition necessitates in-patient treatment. Consequently, there have not been any substantial problems connected with the medical care of AIDS patients in Austria. This intramural care of AIDS patients is effected mainly in specialized and out-patient departments of the hospitals in the larger urban areas.

The relocation of patients to the out-patient extramural area, which has become feasible thanks to the modern combination therapy, is also paid for by public health insurance. Therefore, in addition to an increased quality of life for the patient, the financing of such services has been secured.

To sum up, the Austrian approach to the HIV/AIDS challenge is based on the following elements: national, regional and local leadership; multisectoral leadership; cooperation with all actors of civil society, especially non-governmental organizations; prevention through education and information; and intramural and extramural treatment.

Nevertheless, the least harmful infection is an infection that does not take place.

The Austrian Federal Government, with State Secretary for Health Professor Waneck at the forefront, therefore decided — despite a very tight budget and a general savings policy — to give, in addition to the non-pecuniary support, financial support to the United Nations for the fight against the HIV/AIDS pandemic, in particular in the most affected regions of our world. In this context, I have the privilege to inform the Assembly that Austria will contribute $1 million to the global health and HIV/AIDS fund announced by the Secretary-General, Mr. Kofi Annan.

The meeting rose at 6.05 p.m.